



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT EVANSVILLE HOSPITAL

City of Hospital: Evansville

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 150100

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$834208247
Outpatient Patient Service Revenue	\$147975252
Total Gross Patient Service Revenue	\$982183499

2. Deductions From Revenue

Contractual Allowance	\$1626648579
Other Deductions	\$31313317
Total Deductions	\$1657961896

3. Total Operating Revenue

Net Patient Service Revenue	\$639375165
Other Operating Revenue	\$34065141
Total Operating Revenue	\$673440306

4. Operating Expenses

Salaries and Wages	\$111901370	Employee Benefits	\$32499840
Depreciation and Amortization	\$20491224	Interest Expense	\$4102363
Bad Debt	\$16623706	Other Expenses	\$373236326
Total Operating Expenses	\$558854829		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$131205542	Total Assets	\$382541276
Net Non-operating Gains over Loss	\$-390559	Total Liabilities	\$378090059

Total Net Gains	\$130814983
-----------------	-------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1154382248	\$957391923	\$196990325
Medicaid	\$343115561	\$279133357	\$63982204
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$816462958	\$394195150	\$422267808
Total	\$2313960767	\$1630720430	\$683240337

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1728404	\$-1728404
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$617407	\$-617407

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$27241466
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5999642	
HCI Payments	\$0		
Subtotal	\$0	\$5999642	\$-5999642
Medicaid Shortfalls	\$61891062	\$100028413	
Subtotal	\$61891062	\$106028055	\$-44136993
DSH Payments	\$0		
Subtotal	\$61891062	\$106028055	\$-44136993
Medicare Shortfalls	\$195348347	\$252403109	
Other Government Programs	\$0	\$0	
Total	\$257239409	\$358431164	\$-101191755

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$648353	\$-648353
Community Assessment	\$0	\$1959720	\$-1959720
Provision of Taxes	\$0	\$24186351	\$-24186351
Other Allocations	\$0	\$0	\$0

Comments

//